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# FACSIMILE COVER SHEET

Deliver to: Krofcheck, Michael C., USPTO Art Group: 2186  
Facsimile No.: (571) 273-8300 Date: November 7, 2007  
From: Mark L. Watson, Reg. No. 46,322  
Our Docket No.: 42P17411 Number of pages 17 including this sheet.  
Application No.: 10/676,478 Filing Date: 9/30/2003  
Docket Due Date(s): 1/10/2008

Enclosed are the following documents:

<input checked="" type="checkbox"/> Amendment: _____ Response _____ ( <u>14</u> pgs)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Appeal Brief ( _____ pgs)	<input type="checkbox"/> Notice of Appeal (in duplicate)
<input type="checkbox"/> Application: _____ ( _____ pgs) w/cover & abstract)	<input type="checkbox"/> Petition for: _____
<input type="checkbox"/> Assignment & Cover Sheet ( _____ pgs)	<input checked="" type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Certificate of <u>Facsimile</u> _____	<input type="checkbox"/> Reply Brief ( _____ pgs)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input type="checkbox"/> Declaration & POA ( _____ pgs)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Drawings: _____ sheets, _____ figures	<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter
<input type="checkbox"/> Extension of Time: _____	<input type="checkbox"/> Response to Written Opinion ( _____ pgs)
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> IDS & PTO/SB/08 ( _____ pgs)	<input type="checkbox"/> Transmittal of Publication Fee Due
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Transmittal Letter

**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.84)**

I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the United States Patent and Trademark Office.

Shannon Serrano 11/7/2007  
Shannon Serrano Date

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<b>FEE TRANSMITTAL for FY 2007</b> <small>Patent fees are subject to annual revision.</small>		<b>Complete if Known</b>	
		Application Number	10/676,478
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	September 30, 2003
		First Named Inventor	Ali-Reza Adl-Tabatabai
		Examiner Name	Krofcheck, Michael C.
		Art Unit	2186
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$)	0.00
		Attorney Docket No.	42P17411

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor &amp; Zafman LLP</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.	<input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

<b>FEE CALCULATION</b>																																																																																																																	
<b>1. EXTRA CLAIM FEES</b>																																																																																																																	
Total Claims <u>33</u> - 33* = <u>0</u> X <u>50.00</u> = <u>\$0.00</u> Independent Claims <u>4</u> - 4* = <u>0</u> X <u>210.00</u> = <u>\$0.00</u> Multiple Dependent _____ = _____	Extra Claims Fee from below Fee Paid																																																																																																																
<table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>210</td> <td>2201</td> <td>105</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>370</td> <td>2203</td> <td>155</td> <td>Multiple Dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>810</td> <td>2204</td> <td>405</td> <td>**Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>810</td> <td>2205</td> <td>405</td> <td>**Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table>	Large Entity		Small Entity		Fee Description	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	50	2202	25	Claims in excess of 20	1201	210	2201	105	Independent claims in excess of 3	1203	370	2203	155	Multiple Dependent claim, if not paid	1204	810	2204	405	**Reissue independent claims over original patent	1205	810	2205	405	**Reissue claims in excess of 20 and over original patent	SUBTOTAL (1) (\$) <u>0.00</u>																																																																														
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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Mark L. Watson	Registration No. (Attorney/Agent)	46,322
Signature		Telephone	(303) 740-1980
		Date	11/07/07

Based on PTO/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (twr) 02/28/2007.  
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# FEE TRANSMITTAL for FY 2007

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

0.00

## Complete if Known

Application Number 10/676,478  
Filing Date September 30, 2003  
First Named Inventor Ali-Reza Adl-Tabatabai  
Examiner Name Krofcheck, Michael C.  
Art Unit 2186  
Attorney Docket No. 42P17411

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify):  
☐ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments  
☐ Charge fee(s) indicated below, except for the filing fee ☒ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.  
☒ Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

## FEE CALCULATION

## 1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
33	33	0	\$0.00
Independent Claims	4	0	\$0.00
Multiple Dependent			
Large Entity	Small Entity		
Fee Code	Fee Code	Fee Description	
1202 50	2202 25	Claims in excess of 20	
1201 210	2201 105	Independent claims in excess of 3	
1203 370	2203 185	Multiple Dependent claim, if not paid	
1204 810	2204 405	**Reissue independent claims over original patent	
1205 810	2205 405	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (1)		(\$)	0.00

\*\*or number previously paid, if greater. For Reissues, see below

## 2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code		
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 80	2052 25	Surcharge - late provisional filing fee or cover sheet	
2053 130	2053 130	Non-English specification	
1281 120	2251 60	Extension for reply within first month	
1282 480	2252 230	Extension for reply within second month	
1253 1,050	2253 525	Extension for reply within third month	
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1460 130	2460 130	Petitions to the Commissioner	
1807 60	1807 50	Processing fee under 37 CFR 1.17(q)	
1808 180	1808 180	Submission of Information Disclosure Sum	
1809 810	1809 405	Filing a submission after final rejection (37 CFR § 1.128(a))	
1810 810	2810 405	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)			
SUBTOTAL (2)		(\$)	

## SUBMITTED BY

Name (Print/Type) Mark L. Watson

Registration No.  
(Attorney/Agent)

46,322

## Complete (if applicable)

Telephone (303) 740-1980

Signature

Date 11/07/07

Based on FTO/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (v/r) 02/28/2007.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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Our Docket No: 42390.P17411

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Adl-Tabatabai

Examiner: Krofcheck, Michael C.

Art Group: 2186

Application No.: 10/676,478

Filed: September 30, 2003

For: A Mechanism to Increase Data  
Compression in a CacheAMENDMENTMail Stop: Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed October 10, 2007, applicant respectfully requests the Examiner to enter the following amendments and to consider the following remarks.

CERTIFICATE OF FACSIMILE TRANSMISSION

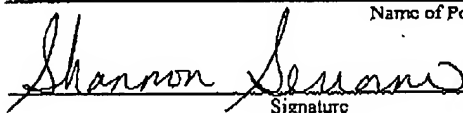
I hereby certify that I am causing the above-referenced correspondence to be transmitted via facsimile to the United States Patent and Trademark Office at (571) 273-8300 on the date indicated below:

November 7, 2007

Date of Deposit

Shannon Serrano

Name of Person Transmitting Correspondence

  
Signature

November 7, 2007

Date